






Search Results

From the 6/11/2021 release of VAERS data:

**Found 940 cases where
Vaccination-to-Death Delay is 1 or
less days and Vaccine is COVID19
and Patient Died**

Table

|  |   | |
|--|--|---------|
| Age | Count | Percent |
| 12-17 Years | 1 | 0.11% |
| 17-44 Years | 44 | 4.68% |
| 44-65 Years | 162 | 17.23% |
| 65-75 Years | 190 | 20.21% |
| 75+ Years | 382 | 40.64% |
| Unknown | 161 | 17.13% |
| TOTAL | 940 | 100% |

Case Details

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| | | |
|---|--------------------------------|------------|
| VAERS ID: 913143 (history) | Vaccinated: | 2020-12-29 |
| Form: Version 2.0 | Onset: | 2020-12-29 |
| Age: 84.0 | Days after vaccination: | 0 |
| Sex: Female | Submitted: | 0000-00-00 |
| Location: Texas | Entered: | 2020-12-29 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL0140 / 1 | LA / IM |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Gabapentin 100mg, Memantine 10mg

Current Illness:

Preexisting Conditions: dementia, aphasia, type 2 DM, iron deficiency, asthenia, osteoporosis, polyneuropathy, anxiety, MDD

Allergies: codeine, phenobarbital, penicillin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered with no immediate adverse reaction at 11:29am. Vaccine screening questions were completed and resident was not feeling sick and temperature was 98F. At approximately 1:30pm the resident passed away.

| | | |
|---|--------------------------------|------------|
| VAERS ID: 913733 (history) | Vaccinated: | 2020-12-29 |
| Form: Version 2.0 | Onset: | 2020-12-29 |
| Age: 85.0 | Days after vaccination: | 0 |
| Sex: Female | Submitted: | 0000-00-00 |
| Location: Pennsylvania | Entered: | 2020-12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | - / UNK | - / - |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: My grandmother died a few hours after receiving the moderna covid vaccine booster 1. While I don't expect that the events are related, the treating hospital did not acknowledge this and I wanted to be sure a report was made.

| | | |
|---|--------------------------------|------------|
| VAERS ID: 914805 (history) | Vaccinated: | 2020-12-28 |
| Form: Version 2.0 | Onset: | 2020-12-29 |
| Age: 63.0 | Days after vaccination: | 1 |
| Sex: Male | Submitted: | 0000-00-00 |
| Location: Illinois | Entered: | 2020-12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EH9899 / 1 | LA / IM |

Administered by: Other **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Asa-81mg, Lisinopril 10mg daily, ferrous sulfate-325, MVI with min, zyprexa-20mg, Flomax-0.4, famotidine-20mg, vit C, carbamazepine-250mg bid, Depakote-750mg bid, metformin-1000 bid, sertraline-100 bid, albuterol,buspar-10mg TID, Fibercon-

Current Illness: none

Preexisting Conditions: dysphagia, violent behaviors, depressive disorder, schizophrenia, aspiration, gerd, hyperlipidemia, dipolar, rectal bleeding, HTN

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: RESIDENT CODED AND EXPIRED

VAERS ID: [914961](#) ([history](#)) **Vaccinated:** 2020-12-30
Form: Version 2.0 **Onset:** 2020-12-30
Age: 88.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2020-12-30

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL0142 / 1 | LA / - |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: per nursing home staff over 14 days post covid

Preexisting Conditions:

Allergies: none listed

Diagnostic Lab Data:

CDC Split Type:

Write-up: pt passed away with an hour to hour and 1/2 of receiving vaccine. per nursing home staff they did not expect pt to make it many more days. pt was unresponsive in room when shot was given. per nursing home staff pt was 14 + days post covid

VAERS ID: [914994](#) ([history](#)) **Vaccinated:** 2020-12-30
Form: Version 2.0 **Onset:** 2020-12-30
Age: 90.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2020-12-30

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL0142 / 1 | AR / - |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-30
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: not known
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: pt was a nursing home pt. pt received first dose of covid vaccine. pt was monitored for 15 minutes after getting shot. staff reported that pt was 15 days post covid. Pt passed away with in 90 minutes of getting vaccine

VAERS ID: [915562](#) (history) **Vaccinated:** 2020-12-30
Form: Version 2.0 **Onset:** 2020-12-30
Age: 88.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2020-12-31

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL0142 / 1 | AR / IM |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#), [Dyspnoea](#), [Vomiting](#)

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: none listed

Diagnostic Lab Data:**CDC Split Type:**

Write-up: pt received vaccine at covid clinic on 12/30 at approximately 3:30, pt vomited 4 minutes after receiving shot--dark brown vomit, staff reported pt had vomited night before. Per staff report pt became short of breath between 6 and 7 pm that night. Pt had DNR on file. pt passed away at approximately 10pm. Staff reported pt was 14 + days post covid

VAERS ID: [915682](#) ([history](#)) **Vaccinated:** 2020-12-30
Form: Version 2.0 **Onset:** 2020-12-30
Age: 85.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2020-12-31

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | - / 1 | LA / IM |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Death](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Respiratory Disease, Essential Hypertension, Coronary Artery Disease, History of positive COVID 11/17/20

Allergies: No Known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident received vaccine per pharmacy at the facility at 5 pm. Approximately 6:45 resident found unresponsive and EMS contacted. Upon EMS arrival at facility, resident went into cardiac arrest,

code initiated by EMS and transported to hospital. Resident expired at hospital at approximately 8 pm

VAERS ID: [915880](#) (history) **Vaccinated:** 2020-12-30
Form: Version 2.0 **Onset:** 2020-12-30
Age: 99.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Montana **Entered:** 2020-12-31

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|-------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | 037K20A / 1 | RA / IM |

Administered by: Public **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-31

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Refused anything PO for about one week prior to death.

Current Illness: Refused food for one week prior to death.

Preexisting Conditions:

Allergies: No known allergies.

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient died within 12 hours of receiving the vaccine.

VAERS ID: [915920](#) (history) **Vaccinated:** 2020-12-28
Form: Version 2.0 **Onset:** 2020-12-28
Age: 96.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Ohio **Entered:** 2020-12-31

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|--------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | ELO140 / UNK | AR / IM |

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-28

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Tetanus toxoid

Other Medications: ASA 81, Vitamin D, Vitamin B12, Atorvastatin, Omeprazole, Tylenol, Donepezil, Amlodipine, Coreg, Remeron

Current Illness: Resident was living in an assisted living facility. She fell on 11/24/2020 and was seen in the ER. There, she tested positive for COVID 19. She was admitted to this facility for rehab. She showed a decline after admission and was referred to hospice.

Preexisting Conditions: Vitamin deficiency, hyperlipidemia, hypertension, anemia, dementia, chronic kidney disease III, osteoporosis, history of breast cancer/MI/pulmonary embolism, depression.

Allergies: Tetanus toxoid

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident received vaccine in am and expired that afternoon.

| | | |
|---|--------------------------------|------------|
| VAERS ID: 918518 (history) | Vaccinated: | 2020-12-31 |
| Form: Version 2.0 | Onset: | 2020-12-31 |
| Age: 50.0 | Days after vaccination: | 0 |
| Sex: Female | Submitted: | 0000-00-00 |
| Location: Nebraska | Entered: | 2021-01-04 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|-------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | 011L20A / 1 | UN / IM |

Administered by: Private **Purchased by:** ?

Symptoms: [Autopsy](#), [Cardio-respiratory arrest](#), [Death](#), [Resuscitation](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-31

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: To be determined

Current Illness: To be determined

Preexisting Conditions: To be determined

Allergies: To be determined

Diagnostic Lab Data: Autopsy being performed

CDC Split Type:

Write-up: syncopal episode - arrested - CPR - death

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<https://www.medalerts.org/vaersdb/findfield.php?>

TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes&V2DCHECKED=O
N&V2DHIGH=1

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